

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10

SERIAL NO.

153216

FILING DATE

APPLICANT/

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL REQ.	4	↓			↓		TOTAL REQ.		↓			↓	
TOTAL DOC.	22	←			←		TOTAL DOC.		←			←	
TOTAL CLAIMS	26	████████			████████		TOTAL CLAIMS		████████			████████	